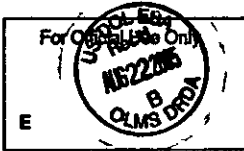


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|---|--|
| 1 File Number U - <u>13268</u> | 2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004 |
| 3 Name and address of person filing Name Bevan J Sweet P O Box, Bldg Room No if any P O Box 485 Street 18 Crescent St City Uncasville State Connecticut ZIP Code + 4 06382 | 4 Name file number and address of labor organization Name Teamsters Local #493 Labor Organization File Number 012-610 P O Box Building and Room Number if any P O Box 485 Street 18 Crescent St City Uncasville State Connecticut ZIP Code + 4 06382 |
| 5 Position in labor organization President/Business Agent | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|---|---|
| A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 | 7 a Nature of Interest Transaction or Income 7.b Amount. |

Signature

| | | |
|---|-----------------------------|---|
| 15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions) | | |
| Signed <u>[Signature]</u> | On <u>8/11/2005</u> Date | <u>(860) 848-9201</u> Telephone Number |

| | |
|-----------------------------------|----------------|
| Name of Person Filing Bevan Sweet | File Number U- |
|-----------------------------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|---|---|
| <p>8. Name and address of Business (including trade name if any)</p> <p>Name Teamsters Local 493 H S & I P</p> <p>Trade Name if any</p> <p>P.O. Box, Bldg. Room No if any P O Box 485</p> <p>Street 18 Crescent St</p> <p>City Uncasville</p> <p>State Connecticut ZIP Code + 4 06382</p> | <p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p> |
| <p>10 If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any</p> <p>P.O. Box, Bldg. Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11.a Nature of such dealing</p> <p>Provide health benefits to membership of Local 493</p> <p>Total below reflects 2004 Plan Benefit expenses for Local 493 s entire Health Fund membership</p> |
| | <p>11.b. Approximate dollar value of such dealing \$5 694 026</p> |
| | <p>12.a. Nature of interest held or income received.</p> <p>Reimbursed travel expenses for IFEBP Conferences Educational Seminars & Trustees Meetins for Tri-State Health Services - 2004</p> |
| | <p>12.b Amount. \$5 386</p> |

| | |
|--|---------------------------------|
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any).</p> <p>Name</p> <p>Trade Name if any</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> |